# **Electronic Information Disclosure Statement**

## **Electroosmotic Flow Controller**

Application:

Confirmation:

9825

Applicant(s):

Phillip PAUL

Docket Number:

14017-1

Group Art Unit:

2855

Examiner:

search string:

( 6290909 or 6287440 or 6012902 or 5573651 or 6406605 ).pn.

### **US Patent Documents**

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

| llinit | Citation<br>No. | Patent Number | Date       | Bar Code  | Patentee             | Class Subclass |
|--------|-----------------|---------------|------------|---|----------------------|----------------|
|        | P01             | 6290909       | 2001-09-18 | 1   | P.H. Paul et al.     |                |
|        | P02             | 6287440       | 2001-09-11 |   | D.W. Arnold et<br>al |                |
|        | P03             | 6012902       | 2000-01-11 | 1 5 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</b>  | J.W. Parce           |                |
|        | P04             | 5573651       | 1196-11-12 | THE RESIDENCE OF THE PROPERTY | P.K. Dasgupta        |                |
|        | P05             | 6406605       | 2002-06-18 |   | D. R. Moles          |                |

#### Remarks

(Remarks are not for responding to an office action.)

It is believed that this disclosure complies with the requirements of 37 C.F.R. 1.56 and the Manual of Patent Examining Procedures Section 707.05 (b). If for some reason the Examiner considers otherwise, it is respectfully requested that the undersigned be called so that any deficiencies can be

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remedied. Applicant believes that because this Disclosure Statement is being submitted within three months of the filing date and/or before the first Office Action on the merits, no fee is due. If this is incorrect, please charge any necessary fee for consideration of this Disclosure Statement to Deposit Account No. 19–2090 (Sheldon & Mak). No fee is believed due in connection with this communication. However, if it is determined that a fee is due, the Commissioner is hereby authorized to charge payment of any fees to Deposit Account No. 19–2090.

### **Signature**

| Examiner Name | Date |
|---------------|------|
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